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AUTHOR Shufeit, Lawrence J.; Wurster, Stanley R.
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ABSTRACT

Seventy-six parents of handicapped children were surveyed to compare the frequency of divorce in the sample population to that of the U.S. population. A research review revealed that the first-born child causes extensive to severe crises in the parents' marital relationship; that the presence of a child with a handicapping condition causes a certain degree of stress within the family; and that marital dissatisfaction is highest in families which have children. 55 completed questionnaires concerned with items such as the rating of their child's degree of handicap and of their marital satisfaction. Results showed that the frequency of divorce for the sample population was not significantly higher than that of the U.S. population, suggesting that the presence of a handicapped child in the family does not seriously affect marital stability. (Appendixes include the questionnaire used and a table of sample population characteristics.) (SB)

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FREQUENCY OF DIVORCE
AMONG
PARENTS OF HANDICAPPED CHILDREN

By

Lawrence J. Shufelt
Graduate Student
Arizona State University

And

Stanley R. Wurster
Assistant Professor
Arizona State University

ARIZONA STATE UNIVERSITY
Tempe, Arizona

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CHAPTER I

INTRODUCTION

The birth of a child has been described as a crisis situation for the parent and the other family members because relationships must be re-defined to allow the entry of that child into the family system. This re-definition can take the form of dysfunctionality and/or disintegration in those instances where the family members are unable to make the necessary adjustments in their lives to assimilate this new family member. Some families must also deal with a child who is either born with, or later on acquires, a physical handicap. This is an added burden on the re-definition of family relationships. The question then arises, do the parents of a child with a physical handicap experience a higher frequency of marital disintegration than would be found in the total population of the United States.

The purpose of this present study is to determine whether or not children with a physical disability, either from birth or acquired at a later date, increase the frequency of divorce among the parents of such children. The hypothesis to be advanced is that the frequency of divorce for parents of a child with a handicapping condition will not be significantly higher than the frequency of divorce for the United States. In the present hypothesis, it is assumed that the presence in the family of a handicapped child is a stressful event over time. This stressful event will have the tendency either to bring the parents closer together than they were before the onset of the stressful event, or to push them further apart - to the point of

marital disintegration and divorce.

For the purpose of this study, a handicapping condition will be defined as any disability or condition that actually does or may, in the future, deprive the child of the use of a limb or a sense and which condition has potential for rehabilitation. Some of the conditions included in this definition are cleft-lip and palate, myelomeningocele (or, spina bifida - congenital opening of the spine which causes slight to severe neurological disabilities including hydrocephalus, inability to ambulate, incontinence, and mental retardation), seizure disorders, scoliosis, cerebral palsy, and various orthopedic and congenital cardiac problems. Some of the conditions excluded are leukemia and mental retardation (when there is not an accompanying physical handicap that has potential for rehabilitation). Divorce is used in this study as referring to the legal severance of marital bonds.

In this present study, the frequency of divorce among parents of children with handicaps will be compared with the frequency of divorce in the United States from 1955 through 1975. Since most of the data is preliminary or estimated, as well as rounded off to the nearest thousand, a certain degree of inaccuracy is present. In addition, the U.S. Bureau of Vital Statistics does not discriminate between the time differentiation between marriage and divorce nor the number of divorces for parents with children. These factors could distort the application of the data in this study to the wider population.

CHAPTER II

REVIEW OF RELATED LITERATURE

There are numerous studies which attempt to evaluate the effects of handicapping conditions on marital stability. A vast amount of the literature contains opinions rather than actual research data.(6,15,24) This review will focus on three areas which will provide a framework for the present study. The first section will examine some studies regarding the effect of the birth of the first child on the marital relationship. This will be followed by a review of several studies concerned with the effect of the handicapped child on marital stability. Finally, there will be a brief review of studies and data regarding characteristics of marital satisfaction, dissatisfaction and divorce.

A. THE FIRSTBORN

In an early study on parenthood, LeMasters (17) hypothesized that the addition of the first child in a family would constitute a crisis event which would force the married couple to re-define and re-organize their relationship from a dyadic to a triadic group system. He selected a sample of 46 couples (ages 25-35) who were located by obtaining the names of new parents in the community who met the criteria of being in an unbroken marriage, within an urban or suburban residence, and the husband a college graduate. LeMasters interviewed these couples in an unstructured fashion. He catalogued the interview data according to the

categories: 1. no crisis; 2. slight crisis; 3. moderate crisis; 4. extensive crisis; 5. severe crisis. The final rating was arrived at jointly by the interviewer and the parents. He found that 38 of the couples (83%) had extensive or severe crises in adjusting to their first child.

Everett Dyer (3) did a follow-up study of LeMasters by sending questionnaires to 32 couples who met the same criteria as his sample. His findings revealed that 38% of these families experienced a moderate crisis; 28% an extensive crisis; and, 25% a severe crisis. None of the couples indicated that they had no crisis. Dyer concludes that the first child does constitute a crisis which forces each couple to re-organize their roles and relationships.

Both LeMasters and Dyer eliminated couples who had resolved their marital crises by the disintegration of their marriage. Regardless, LeMasters found 83% and Dyer 53% of their sample to be experiencing extensive to severe crises. It is questionable what the inclusion of couples with broken marriages would have done to their findings. In addition, it seems that they were measuring the impact of a normal child on the functioning of the marital couple. They made no discrimination between the impact of the birth of the normal child and the birth of a child with a handicap on marital crises.

Following these first two studies, Hobbs (11) used an objectively scored check-list of 23 items which were selected from LeMasters' catalogue and from what some clinicians had observed as difficulties of new parents.

In a 50% random sample of white urban first-time parents in Greensboro, North Carolina, he found that none of the couples in his study scored in the extensive or severe categories of LeMasters or Dyer. In fact, 91% of the fathers and 70% of the mothers indicated that their marriages were more happy and satisfying after the birth of their child than before the birth. Hobbs indicated that the instrument for indexing the degree of crisis by the birth of the first child left much to be desired and that an accurate instrument of measurement of such crisis was a problem of high priority. Even though his findings were different and there was a problem with instruments, 86.8% of Hobbs sample fell within the slight crisis category and 13.2% fell within the moderate crisis category following the birth of their first child.

Hobbs (12) replicated his previous study because of the discrepancy between his and LeMasters and Dyers findings. He used the objectively scored checklist of 23 items from the earlier study and did a rating of interview material. Although there was some variability in the findings between the check-list and the interview ratings, the replication essentially confirmed the findings of his earlier studies. He found that 4% of the fathers had no degree of difficulty of adjusting to the new child; 85% of the fathers and 74% of the mothers had a slight degree of difficulty; and 11% of the fathers and 26% of the mothers experienced a moderate degree of difficulty in adjustment. He concluded:

On the basis of the present investigation, it would seem more accurate to view the addition of the first child to the marriage as a period of transition which is somewhat stressful than to conceptualize beginning parenthood as a crisis experience for the majority of new parents. (12:417)

In the previous studies, "crisis" was defined according to Ruben Hill's conceptualization in Families Under Stress (1949) as,

Any sharp or decisive change for which old patterns are inadequate... a crisis situation in which the usual behavior patterns are found unrewarding and new ones are called for immediately. (22:294)

In a recent study Candyce Russell (22) re-defined crisis as "a change in self, spouse, or relationships with significant others which the respondent defines as 'bothersome'." (22:295) Using the Locke-Wallace (1959) Short Form to measure marital adjustment, the Hobbs check-list to measure degree of crisis, and the Gratification Check-List (fashioned after Hobbs crisis check-list), she mailed questionnaires to 511 couples who were residents of the city of Minneapolis and who had become parents for the first time between July 1970 and June 1971. 58% (N=296) of the wives and 53% (N=272) of the husbands returned their questionnaires. She found that typically there is a slight or moderate degree of crisis associated with the entry of the first child into the family. 75% of the males and 57% of the females experienced a slight crisis and 17% of the males and 39% of the females experienced a moderate crisis. She concluded: "more relevant to adapting to the first year of parenthood may be...good maternal health and a calm, non-problematic baby." (22:299)

Although serious methodological problems are encountered in accurate and reliable measuring instruments, all of the above studies seem to indicate

that there is some degree of crisis or "bothersomeness" that the parents experience at the birth of their first child.

B. ~~THE EFFECT OF THE HANDICAPPED CHILD~~
ON MARITAL STABILITY

Schonell and Watts (23) interviewed fifty families in Brisbane, Australia who had children from five to seventeen years old who were residing at home and who had been determined to be seriously retarded. Their findings indicated that the child did severely affect family plans. Shopping arrangements (58%), visits to other peoples homes (50%), and eating arrangements (28%) were among some of the family's functionings that had to be changed. Some of the families changed residences because of the child (28%), with seven of these cases giving the reason as wanting to live in the metropolis where services were available for their child. Fifteen families reported additional upsets in the family. One mother said, "It's getting me down" (23:218) Thirty-four of the fathers were worried about their child and twenty-three of these thirty-four stated that they were affected to a considerable degree by their child's handicap.

Schonell and Watts conclude that the mother's mental health and the other members' social and educational development are problems that need to be dealt with in addition to the problem of the up-bringing and training of the retarded family member.

In an exploratory study by Murstein (18), the parents of ten leukemic children were compared with the parents of ten non-leukemic children suffering from other neo-plastic diseases (i.e., having an abnormal growth, such as a tumor). They found that non-leukemic parents were able to relate better to their children, spouses, and hospital routine than were the leukemic parents. The personal relationships between husbands and wives and parents and children determined adjustment to the hospital and emotional adjustment to the disease more for leukemic than non-leukemic parents.

On ten cases of parental response to the crisis of a premature birth, Caplan (2) made a preliminary qualitative analysis of interview data in an attempt to reveal global patterns of response in coping with the crisis of prematurity. He determined that 40% of the ten cases had a healthy outcome and 60% had an unhealthy outcome following the crisis. A healthy outcome was defined as one in which all the relationships in the family were as healthy or more healthy than they were before the birth of the child. An unhealthy outcome was one in which the relationships were less healthy than before the birth.

Three hundred and nine cerebral palsied patients in St. Paul and in Minneapolis were rated as to severity of handicap (mild, moderate, or severe). Two sub-samples of thirty each were randomly drawn from either end of the scale. Following an interview schedule, W. T. Hall (10) concluded that the severe group appeared to constitute high

possibilities for family breakdown. This study would seem to indicate that the severity of the handicap must be taken into account in assessing the marital stability of parents of the handicapped child.

Kolin and associates (16) evaluated thirteen school age meningomyelocele children. They performed extensive neurologic, psychological, and social service evaluations. Following the physical evaluation, they rated the degree of physical impairment (mild (N=2), moderate (N=6), and severe (N=5)). They then rated the children's adaptation to the congenital defect (good (N=4), fair (N=3), and poor (N=6)). For each of these cases, the parent most involved with the child was seen for a psychiatric evaluation and was rated according to his adaptation to the child's congenital defect (good (N=3), fair (N=2), and poor (N=4)).

Six of the thirteen marriages which produced these children were no longer intact. This percentage rate was contrasted to a 25% rate of broken marriages in a New York hospital with a sample similar in age, sex, religion, and social class. They determined that the degree of physical impairment was not a factor in the cases of broken marriages. They concluded:

Only the parents who had the opportunity to develop a stable relationship over a minimum of five years of marriage were able to cope successfully with the crisis presented by a defective child. The intact marriages had at least one normal child prior to the birth of the patient. Those who had planned the pregnancy, suggesting high emotional investment in the child, achieved a better level of adaptation than did parents to whom the pregnancy was unexpected (16:1017)

A study by Gillian Hunt (13) found that out of seventy-seven treated myelomeningocele children, there were only six cases of broken marriage. He concluded that the majority of families of such children are willing to make great efforts and sacrifices for their child's sake. However, he did find that there are some very severe strains put on the family by the birth of such a child which could affect the family in areas other than broken marriage. He states that one-third of the families had to move their homes because of the child's handicap (the majority of these cases gave the reason as needing to have a closer proximity to helpful relatives or to the hospital). In addition, the average distance the parents needed to travel to the hospital for out-patient clinic appointments was forty-seven miles (range 1-174 miles). The appointment frequently involved arranging for baby-sitters for the other children in the family.

Hunt describes some of the factors that could be distressing to the family of the child with myelomeningocele:

The mother had to get the patient ready; even the older paraplegic child needed help with dressing. She had to obtain a urine specimen by expression of the bladder or just by waiting, an endeavour to empty the bowel before padding the child up for the long day ahead. She had to pack refreshments, nappies, and cleaning materials, and

bring the callipers, boots, and walking apparatus, and in some cases spectacles as well. She would also need the wheelchair or pushchair. Having achieved all this she might still feel she had failed if the child was uncooperative or smelly when examined, or had a napp-rash, pressure sores, or chilblains. Having seen the genitourinary surgeon, the orthopedic surgeon, and the appliance officer she might still have had no help with her immediate problem of the child's disturbed nights and food refusal (13:1309)

Although Hunt states that the implications of the myelomeningocele child depend largely upon his age, he did not give an itemized break-down of the ages of the children in his study. He does state that thirty-two of the seventy-seven children were between the ages of five and eight. If all six cases of broken marriages in his study were within this same age range, the percentage of broken marriage would still be substantially less than the percentage of broken marriages in Kolin's studies. A study with a larger sample could indicate, more clearly, the effects that the myelomeningocele child has on his parents' marital status.

In a June 1974 survey of research, Brian Tew (25) discussed the family and social problems of the child with spina bifida (Myelomeningocele). He expressed several concerns which are pertinent to this present study, such as parental anxieties about the cause of the problem, the mothers need for support, and marital strains. He states that parents are extremely anxious to find the reasons for the child's abnormalities and it is usual for them to look for examples within their own respective families. He says that "Zachary (1968) wryly comments 'The wife's knowledge about the husband's ancestors is only equalled by that of the husband's knowledge of the wife's

ancestors'" (25:17) This knowledge (or lack of knowledge) could lead to a very unhealthy marital relationship as the parents tend to blame each other for the child's disability.

Tew says that in the Isle of Wight study's (Rutter, et al. 1970) (25:17) findings, there was a progressive deterioration of relationships within the family as the handicaps increased in degree. In a study by Walker et al. (1971) (25:17), he found that only 25% of the families with spina bifida children received help from strangers. The lack of family contacts indicated that the parents are thrown upon each other's resources to a much greater degree than is usual in the normal family.

In a South Wales study (Hare et al. 1966), cited by Tew (25:17), it was found that the birth of the child with spina bifida initially had a uniting effect on the parents. But, according to Laurence (1973 a) (25:17) as the child got older, the problems multiplied and marital strain became obvious as was indicated by a higher divorce and separation rate than was found in the matched control group. "'The presence of a handicapped child affects all members of that family' (McMichael, 1971)". (25:18)

Through a study of a selected group of fifty families who had a child (5-17 years old) diagnosed as severely mentally retarded and a matched group of fifty families of non-handicapped children, Bernard (1) concluded that the presence of a severely mentally retarded child in the family does not seriously affect marital integration. His findings are suspect however, since 69% of the group were Roman Catholic and 13%

were Protestant in religious affiliation.

From all these studies, it seems indicated that marital stability is affected by the presence in the family of a handicapped child. Whether this is a negative or a positive relationship seems to be very much up for question at this time. Methodological issues, as well as problems with sampling, clearly seem to need clarification before definitive studies can be completed. However, the above studies do give some clear indications for further study. Among these are the relationship between stability and specific diseases and marital stability and perceived severity of handicap by the parents. The question proposed in this present study also remains unanswered by these studies, namely, does the presence of a handicapped child in the family affect marital stability to the point of a higher frequency of marital disintegration for these families than the United States average yearly frequency.

C. MARRIAGE AND DIVORCE

In an April 1970 study, Glick and Norton (8) analyzed the data from the Survey of Economic Opportunity which the U.S. Bureau of Census conducted in the spring of 1967. 28,000 households were the probability sample of this nationwide survey. Of those persons under seventy years of age and who had ever been married, 15% of the men and 17% of the women had been divorced. They found:

Men who obtained a divorce after the shortest period of marriage were those who married at ages 20 to 24 years, those with an incomplete college education, and those who received incomes of \$3,000 to \$4,999. ...Men who had taken the most time to obtain a divorce included those who married at ages 25 to 29 years and those in the highest income group - a disproportionately large share of whom were college graduates (8:311-312)

In an area probability sample of households in Alameda County, in 1965, the California Department of Public Health sampled a total of 4,452 households. 6,928 adults (84%) supplied the information for this health study either through mail questionnaires or personal interviews. The twenty-three page questionnaire included five questions about marital status and marital history. These were immediately followed by nine questions about the respondent's attitudes about his marriage. Six of these nine questions were used to construct the "Index of Marital Satisfaction". A sociologist in the Human Population Laboratory, Karen Renne (20), compiled and analyzed some of the data from this questionnaire which revealed several interesting findings. First, those people who are of higher than average status in education, occupation, and income are less likely to be dissatisfied with their marriage. She concluded that income correlates very highly with marital dissatisfaction due to its very concrete impact on the couple's daily life.

A second finding was that marriages without children are more satisfactory than marriages with children. The number of children in the marriage had

no consistent effect on the rate of dissatisfaction. She states, "Regardless of sex, race, age or adjusted household income, people raising children are more likely to be dissatisfied with their marriages." (20:61) In a footnote, Renne cites that "Jacobson (1959: 133-134) reports that...the divorce rate declined as the number of children in the family increased." (20:61) Another finding is that people who were dissatisfied with their marriage (actually were socially isolated. These factors seem to be pertinent to this present study.

Using data from the U.S. Bureau of Census and the 1961 Catholic Almanac, Fenelon (5) developed the hypothesis that the rate of divorce would be higher in those states which have a high in-migration rate than in those states which have low in-migration rates. A high correlation between the variables is indicated by the .723 correlation coefficient which he found. When he further put this hypothesis to a test using five control variables, he found that that correlation value was changed only slightly. He concluded that the migration rates of states do affect the divorce rate.

Marriages and divorces are recorded in an estimated fashion by the United States Department of Commerce (27). Projected figures for the previous and present years are estimated by the United States Department of Health, Education and Welfare (28). As indicated in Table 1, the yearly average number of marriages from this year and the past 20 years is 1,849,238. The average number of divorces is 564,762. This means that for this year and the previous 20 years, the divorce rate is .298 or 298 divorces

TABLE 1. MARRIAGES AND DIVORCES, 1955-1975

YEAR	MARRIAGES	FROM YEARBOOK*	DIVORCES	FROM YEARBOOK*
1955	1,531,000	1957	377,000	1958
1956	1,585,000	1958	382,000	1959
1957	1,518,000	1959	381,000	1960
1958	1,451,000	1960	368,000	1961
1959	1,494,000	1961	395,000	1961
1960	1,523,000	1974	393,000	1974
1961	1,547,000	1962	414,000	1964
1962	1,580,000	1963	413,000	1965
1963	1,651,000	1964	428,000	1966
1964	1,720,000	1965	450,000	1967
1965	1,800,000	1972	479,000	1972
1966	1,854,000	1967	499,000	1970
1967	1,913,000	1968	518,000	(i)
1968	2,059,000	1970	584,000	1971
1969	2,146,000	1971	639,000	1969
1970	2,159,000	1974	708,000	1974
1971	2,196,000	1973	768,000	1973
1972	2,269,000	1974	839,000	1974
1973	2,348,000	(ii)	924,000	(iii)
1974	2,275,000	1975 (28)	929,000	1975 (28)
1975	2,215,000	1975 (28)	981,000	1975 (28)
TOTAL	38,834,000		11,860,000	
MEAN	1,849,238		564,762	

* Data from (27) except as indicated

- i. Based on .038 average rate of increase in divorces over last 5 years
- ii. Based on .035 average rate of increase in divorces over last 5 years
- iii. Based on .101 average rate of increase in divorces over last 5 years

for each 100 marriages. There are no statistics available (which this writer found) which discriminate between the number of divorces and marriages involving children and those not involving children.

SUMMARY

The review of research has yielded several areas related to the present study.

LeMasters (17), using interview data, and Dyer (3), using questionnaires, concluded that the first-born caused extensive to severe crises in the marital relationships of the parents of the newborn. Hobbs (11), using an objectively scored check-list, found that the first-born caused only a slight to moderate crisis. His replication (12), using both the check-list and a rating of interview data, confirmed his earlier findings. Finally, Candyce Russell (22) found that 92% of the males and 96% of the females in her study (N=568) experienced a slight to moderate crisis at the time of the birth of their first-born.

Schonell and Watts (23) indicated that the presence of a seriously retarded youngster could affect family stability in the areas of mental health, socialization, and education. From reviewing the data of the parents of leukemic and non-leukemic children, Murstein (18) concluded that the personal relationship between husband and wife was correlated with emotional adjustment to the disease.

Hunt (13) found only six cases of broken marriages in the families of seventy-six treated myelomeningocele children. However, he did find that severe strains were placed on the family because of the needs of the handicapped child.

In reviewing the research, Tew (25) cited several studies regarding myelomeningocele which discussed the parents tendency to blame each other (Zachary, 1968); a progressive deterioration in relationships as the handicap increased in degree of severity (Rutter, et al., 1970); social isolation of families with a myelomeningocele child (Walker, et al., 1971); the initial uniting effect on the parents of the child with spina bifida (Hare, et al., 1966) but which later changed to the opposite effect, causing severe marital strain and divorce as the child got older (Laurence, 1973 a); and the way the handicap affects all members of the family (McMichael, 1971).

Bernard (1) found that the presence of a severely retarded child in the family did not seriously affect the marital integration of his sample, 69% of which was Roman Catholic:

From data collected in a nationwide survey of 28,000 homes in 1967, Glick and Norton (8) found that men who married at an early age (20-24 years), had not attended college, and had low incomes (under 4,999) tended to obtain divorces in a shorter period of time than men in an opposite group (ages 25-29 years., college educated, and higher income). Renne (20) analyzed the data from an area probability sample of 6,928 adults and found

that "people raising children are more likely to be dissatisfied with their marriages." (20:61)

The United States has averaged 298 divorces per 1000 marriages over the years 1955-1975 according to the data in Table 1.

The total picture, from these research findings, shows the following: that the entry of a new member into a family is a slight to moderate crisis event for the other family members; the presence of a child with a handicapping condition causes a certain degree of stress on the family; and, marital dissatisfaction is highest in families which have children. These items, separately or combined, could cause the rate of 298 divorces per 1000 marriages in this country.

Although this review outlines many variables of marital stress and disintegration, and although it is highly probable that many of these variables are present in the population to be studied, the divorce rate of this nation seems to be at such a high level that this writer believes that the null hypothesis advanced by this present study will be accepted, namely, the frequency of divorce for parents of handicapped children will not be significantly higher than the frequency of divorce for this nation.

CHAPTER III

RESEARCH METHODS

In order to test the null hypothesis that the frequency of divorce for parents of a child with a handicapping condition will not be significantly higher than the frequency of divorce for the United States, the frequency of divorce of a group of parents of handicapped children was compared with the frequency of divorce for the United States over the period 1955-1975.

SELECTION OF SUBJECTS

The sample was obtained from a children's hospital which offers services to children with crippling conditions. This hospital is located in a city in the western United States with a population nearing one million people. A volunteer asked all persons who brought their child to the outpatient clinic of that hospital on one of two consecutive days (June 24 and June 25, 1975), if they were the parent of the child. If they answered in the affirmative, they were asked to complete the research instrument. Eight persons refused to participate because they were opposed to divulging information about themselves on religious grounds; nine persons were unable to read or write English; and two persons said they did not have the time to do such things.

The two day effort produced a total of ninety-six questionnaires. Eighteen questionnaires were eliminated from the project for the following reasons:

no indication of marriage before the birth of the child (N=7); never married (N=1); incomplete essential information, such as year of marriage or year of child's birth (N=7); step-parent and adoptive parent (N=2); and, deceased parent (N=1). The total sample consisted of the other seventy-eight persons who had completed the questionnaires (N=78).

TEST PROCEDURES

From the review of the literature, no instrument was found which would meet the needs of this study. Therefore, an instrument was developed and entitled, "A Questionnaire Regarding Children With a Physical Handicap and Their Parents." (Appendix A) It contained items concerned with dates of marriages, date of child's birth, and dates of divorces. Other items included parents ratings of the degree of their child's handicap at first and now; their age and that of their spouse; their income level; the number of children in their family; and Renne's "Index of Marital Satisfaction" (20:56).

Content validity was established with the help of two parents, two Public Health Nurses, an educator, and a hospital program administrator.

Copies of the questionnaire were given to the parents at the time they registered for their child's clinic appointment, with a cover letter (Appendix B) which explained the reason and purpose of the study, the sponsoring parties, and the name of the person responsible for the study.

The frequency of divorce of the parents from the sample will be compared

to the frequency of divorce as recorded on Table 1: Marriages and Divorces, 1955-1975. A Chi-square, with the Yate's Correction Factor, was used to indicate whether or not there was significant difference in these frequencies of divorce. The null hypothesis advanced by this study was accepted at the .05 level of significance.

CHAPTER IV

FINDINGS

As indicated earlier, the purpose of this study was to determine if there is a significant difference between the frequency of divorce of parents of handicapped children and the frequency of divorce for the United States for the period 1955-1975. The findings reveal a group of parents who were married before the birth of the child with the handicap and who had gotten divorced after the birth of that child (N=12). The other group of parents are those who were married before the birth of the child with the handicap and who are still married (N=66).

The mean number of divorces for the period 1955 to 1975 is 564,762 and the mean number of marriages for that period is 1,849,238 (Table 1). This indicates that the mean total of marriages and divorce transactions was 2,414,000. Translated into percentages, we find that 23% of the transactions were divorces and 77% were marriages. With this information, Table 2 was constructed:

TABLE 2: DIVORCES AND MARRIAGES, OBSERVED AND EXPECTED

	Divorces	Marriages	Total
Observed	12	66	78
Expected	18	60	78

Chi square equals 2.8514. With one degree of freedom, the null hypothesis is accepted at the .05 level of significance. This finding indicates that there is no significant difference in the frequency of divorce for the parents of handicapped children and the frequency of divorce for the United States.

The other findings of the questionnaire were of a descriptive nature. Some of these findings are indicated below:

1. 30% of the parents rated their child's handicap as severe (on a scale of slight, moderate, and severe) at the time when they first knew their child was handicapped. Now, only 7% rate their child's handicap as severe. (Table A).
2. The average age of the child at the time of this study was almost $7\frac{1}{2}$ years, with a range of two months to almost 20 years. (Table B)
3. The average age of the child when the parents first knew of the handicap was 1.7 years (range birth to $11\frac{1}{2}$ years), and they first brought him to a physician regarding the handicap at 1.9 years (range birth to 12 years) (Table B)
4. The average age of the person answering the survey was 31 years (range 18-59 years) and their spouse was 33 years old (range 19-71 years) (Table B)
5. The length of time the married group was married before the birth of their child was 4.3 years (range 3 months to 20 years) and for the divorced group 2.6 years (range 6 months to 8 years) (Tables C and D)

6. The parents who divorced did so when the child was 2.3 years old (range 7 months to 6.3 years) (Table D)
7. 85% of those answering the questionnaire were the mothers of the child (Table F)
8. 73% have income of less than \$10,000 and 41% have less than \$6,000 (Table E)
9. The average number of children, under 19, living at home with these parents is 2.9 (Table F)
10. Regarding marital satisfaction
 - a) 51% completely get as much understanding as they need from their spouse (Table G)
 - b) 52% receive as much affection as they like from their spouse (Table G)
 - c) 52% sometimes have problems getting along with their spouse (Table G)
 - d) 42% never regret their marriage, and 55% sometimes or a few times do regret it (Table H)
 - e) 76% have not considered divorce or separation recently (Table H)
 - f) 62% are happy or very happy with their marriage (Table H)

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The question has often been raised, does the handicapped child affect marital and family relationships even to the point of marital disintegration. The purpose of this study was to examine that question and to see if research data would accept or reject the null hypothesis that there would be no significant difference between the frequency of divorce of the parents of handicapped children and that of the United States for the period 1955-1975. The data in a questionnaire, administered to all parents who brought their child to an outpatient clinic appointment on one of two consecutive days, yielded a sample of seventy-eight subjects. The data was compared to the expected frequency of divorce and marriage as indicated in the United States table of statistics of marriages and divorces over the period 1955 to 1975 (Table 1). Using the Chi-square with the Yates Correction Factor, the null hypothesis was accepted at the .05 level of significance.

From this finding, it could be concluded that the presence in the family of a child with a handicap does not seriously affect marital stability. The limitations of this study should be kept in mind, namely, the statistics used in Table 1 represent estimates of the marriages and divorces, and they are rounded off to the nearest thousand. In addition, there is no indication in those statistics of the frequency of divorce of spouses who are also parents. Before these findings can be applied to

the larger population, a similar study should be conducted using a group of subjects who are similar in age and background and who are parents of children without handicaps. Then, comparing these two groups of subjects, a more reliable conclusion could be drawn.

Some conclusions can also be drawn from the descriptive data. First, many parents react very highly when they first discover that their child is handicapped. They believe the handicap is severe. After receiving help for their child from a physician or from allied health services, they come to regard the handicap as slight or moderate.

The next conclusion is that typically, the person who brings a child to a children's hospital, offering services to children with crippling conditions, is 31 years old and the mother of the child. The child's family has an income of less than \$10,000 and half of these families have income of less than \$6,000. The mother is generally satisfied with her marriage, and although she may regret the marriage sometimes, she has not considered divorce or separation recently. A replication study would make this data more reliable.

It is hoped that these findings and conclusions will stimulate a greater effort to identify and understand the strengths and weaknesses of families of children with handicapping conditions. The importance of studies in this direction would seem to be indicated from the mandates, of many states, which direct that educational service be provided, through the public school system, to children with a variety of handicapping conditions.

The educator's understanding of these families could help her in meeting these new educational demands.

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APPENDIX A

QUESTIONNAIRE

I. Regarding your child that is receiving services here today:

- II. Regarding yourself:

- 39

5. If you have ever been legally divorced from a spouse, please indicate month and year of divorce from:

First spouse _____
 month year

Second spouse _____
 month year

Third spouse _____
 month year

III. Regarding your present marriage:

1. Does your spouse give you as much understanding as you need:

No, not really _____
 Yes, but not completely _____
 Yes, completely _____

2. Does your spouse show you as much affection as you would like?

More than I like _____
 As much as I like _____
 Less than I like _____

3. Even happily married couples sometimes have problems getting along with each other. How often does this happen with you?

Often _____
 Sometimes _____
 A few times _____
 Never _____

4. Do you ever regret your marriage?

Often _____
 Sometimes _____
 A few times _____
 Never _____

5. Have you seriously considered separation or divorce recently?

Yes _____, Separation _____ Divorce _____
 No _____

6. All in all, how happy has your marriage been for you?

Very unhappy _____

Unhappy _____

Somewhat unhappy _____

Somewhat happy _____

Happy _____

Very happy _____

IV. Regarding your family:

1. Please indicate:

your age _____

your spouse's age _____

2. Please indicate:

total number of children now living with you under age 19 _____
over age 19 _____

3. Please indicate yearly family income

under \$6,000 _____

6,000- 9,999 _____

10,000-14,999 _____

15,000 & over _____

If you have any comments regarding this Questionnaire, please indicate them on the back of the Questionnaire sheets. Thank you for participating in this important research project.

APPENDIX B

COVER LETTER TO PARENTS

June 24, 1975

Dear Parent:

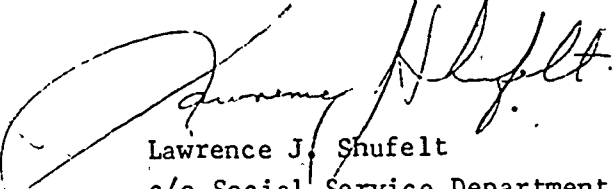
The attached Questionnaire is part of a research project both for this hospital and for a nearby university. This project is concerned specifically with the patterns of marriage, marital satisfaction, and divorce of parents of children who have some form of a physically handicapping condition. The results of this study will help us assess the need for making more specific counseling services available to the families of children being seen at this hospital.

We would greatly appreciate it if you would take just a few minutes of your time while you are here at the hospital today to complete the Questionnaire and return it to the desk where you registered on your way in. Your answers are confidential and anonymous and therefore they will not affect the services being provided to you and your family nor will they affect your present financial contract with this hospital.

We will be pleased to send you a summary of the Questionnaire results if you so desire. Simply notify the Social Service Office at this hospital and we will send you the results after they are added up.

Thank you for your cooperation.

Sincerely,



Lawrence J. Shufelt
c/o Social Service Department

APPENDIX 3

CHI-SQUARE CALCULATIONS

1. Expected frequency of divorce.

$$\begin{array}{r}
 23\% \text{ of } 78 = 78 \\
 \quad \quad \quad .23 \\
 \quad \quad \quad \hline
 \quad \quad \quad 234 \\
 \quad \quad \quad 156 \\
 \quad \quad \quad \hline
 \quad \quad 17.94 \qquad = 18
 \end{array}$$

2. Expected frequency of marriage.

$$\begin{array}{r}
 77\% \text{ of } 78 = 78 \\
 \quad \quad \quad .77 \\
 \quad \quad \quad \hline
 \quad \quad \quad 546 \\
 \quad \quad \quad 546 \\
 \quad \quad \quad \hline
 \quad \quad 60.06 \qquad = 60
 \end{array}$$

3. CHI-Square using Yates Correction Factor:

$$\begin{aligned}
 \chi^2 &= \sum \frac{(O - E - .5)^2}{E} \\
 &= \frac{(12 - 18 - .5)^2}{18} + \frac{(66 - 60 - .5)^2}{60} \\
 &= \frac{-6.5^2}{18} + \frac{5.5^2}{60} \\
 &= \frac{42.25}{18} + \frac{30.25}{60} \\
 &= 2.3472 + .5042 \\
 &= 2.8514
 \end{aligned}$$

With one degree of freedom, $p > .05$.

TABLE A. PARENTS RATING OF DEGREE OF HANDICAP WHEN THEY FIRST KNEW OF HANDICAP

	Group 1		Group 2		TOTAL	
slight	29	45%	4	33%	33	43%
moderate	17	26%	4	33%	21	27%
severe	19	29%	4	33%	23	30%

PARENTS RATING OF DEGREE OF HANDICAP NOW

slight	35	56%	5	42%	40	54%
moderate	32	37%	6	50%	29	39%
severe	4	6%	1	8%	5	7%

TABLE B. CHARACTERISTICS OF THE POPULATION (Total of Group 1 & 2)

	TOTAL REPORTING	MEAN OF SCORES	RANGE OF SCORES
Age of child at time of survey	72	88.9 mos or 7.4 yrs	2 mos to 19.8 yrs
Age when parents first knew of handicap	75	20.1 mos or 1.7 yrs	birth to 11.6 yrs
Age when child first brought to physician re: handicap	76	23.4 mos or 1.9 yrs	birth to 12 yrs
Age of person answering survey	76	30.9 yrs	18-59 yrs
Age of spouse of above	70	33 yrs	19-71 yrs
Length of time married before birth of child	75	50.2 mos or 4.2 yrs	3 mos to 20 yrs

TABLE C. CHARACTERISTICS OF THE POPULATION (Group 1: Married)

ITEM	TOTAL REPORTING	MEAN OF SCORES	RANGE OF SCORES
Age of child at time of survey	66	82.3 mos or 6.8 yrs	2 mos to 19.8 yrs
Age when parents first knew of handicap	64	20.3 mos or 1.7 yrs	birth to 11.6 yrs
Age when child first brought to a physician re: handicap	64	23.5 mos or 1.9 yrs	birth to 12.5 yrs
Age of person answering survey	65	30.9 yrs	18-59 yrs
Age of spouse of above	64	32.6 yrs	19-71 yrs
Length of time parents married before birth of child	66	51.9 mos or 4.3 yrs	3 months to 20 yrs

TABLE D. CHARACTERISTICS OF THE POPULATION (Group 2: Divorced)

ITEM	TOTAL REPORTING	MEAN OF SCORES	RANGE OF SCORES
Age of child at time of survey	12	80.8 mos or 6.7 yrs	3½ - 13 yrs
Age when parents first knew of handicap	11	20.1 mos or 1.7 yrs	birth to 3½ yrs
Age when child first brought to physician re: handicap	12	19.3 mos or 1.6 yrs	birth to 6½ yrs
Person answering survey	11	31.3 yrs	23-48 yrs
Age of spouse of above	6	39.7 yrs	27-70 yrs
Length of time married pre-birth	9	31.4 mos or 2.6 yrs	6 mos to 7.75 yrs
Age of child at time of divorce	10	27.6 mos or 2.3 yrs	7 mos to 6.3 yrs

TABLE E. FURTHER CHARACTERISTICS OF THE POPULATION

ITEM	Group 1		Group 2		TOTAL	
	No. of Responses	% of Responses	No. of Responses	% of Responses	#	%
1. Answering Survey: Fathers	9	14%	3	25%	12	15%
Mothers	57	86%	9	75%	66	85%
2. Presently married	64	97%	7	58%	71	91%
not married	2	3%	5	42%	7	8%
3. Living with Spouse	63	95%	8	75%	71	91%
not living with Spouse	3	5%	4	25%	7	9%
4. Income level under 6,000	22	35%	7	70%	29	41%
6,000-9,999	22	35%	1	10%	23	32%
10,000-14,000	15	24%	2	20%	15	21%
15,000 +	4	6%	-	--	--	6%

TABLE F. CHILDREN LIVING AT HOME UNDER 19 YEARS OF AGE

	Number of Responses	Number of Children	Average
Group I	64	192	3.0
Group II	11	26	2.36
TOTAL OF GROUPS I & II	75	218	2.9

TABLE G. PARENTS MARITAL SATISFACTION REGARDING THEIR PRESENT MARRIAGE

1. Does your spouse give you as much understanding as you need?

	Group 1		Group 2		TOTAL	
	No.	%	No.	%	No.	%
No, not really	9	14	---	---	9	12.5
Yes, but not completely	22	34	4	57	26	36
Yes, completely	34	52	3	43	37	51

2. Does your spouse show you as much affection as you would like?

More than I like	13	23	2	28	15	24
As much as I like	29	52	4	57	33	52
Less than I like	14	25	1	14	15	24

3. Even happily married couples sometimes have problems getting along with each other. How often does this happen with you?

Often	5	7	--	--	5	6
Sometimes	40	55	2	28	42	52
A few times	22	30	2	28	24	30
Never	6	8	3	43	9	11

TABLE H. PARENTS MARITAL SATISFACTION REGARDING THEIR PRESENT MARRIAGE

4. Do you ever regret your marriage?

	Group 1		Group 2		TOTAL	
	No.	%	No.	%	No.	%
Often	2	3	--	--	2	3
Sometimes	19	29	--	--	19	26
A few times	21	30	1	14	21	29
Never	25	38	6	86	31	42

5. Have you seriously considered separation or divorce recently?

Yes	9	12	--	--	9	11
Separation	6	8	--	--	6	7
Divorce	4	5	--	--	4	5
No	54	74	7	100	61	76

6. All in all, how happy has your marriage been for you?

Very happy	3	4	--	--	3	4
unhappy	3	4	--	--	3	4
Somewhat unhappy	13	20	2	28	15	20
Somewhat happy	7	11	--	--	7	9
happy	24	36	3	28	27	37
very happy	6	24	2	28	18	25